

**GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS**  
237 Coliseum Drive  
Macon, GA 31217  
Phone 478-207-2440

**CE AUDIT REPORT FORM**

For the Two-Year CE Reporting Period Beginning April 1, 2007 and Ending March 31, 2009

**NAME** \_\_\_\_\_ **LICENSE #** \_\_\_\_\_ **YEAR ISSUED** \_\_\_\_\_

**PLEASE PRINT OR TYPE** - Be sure to sign and date in the space provided.

Institute, Organization, or Agency Conducting Program	Title of Program or Description of Content	Location of Program	Dates Attended	No. of Contact Hours

I certify under penalty of perjury to the truth and accuracy of  
all statements, answers and representations made in this report.

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**TOTAL HOURS CLAIMED** \_\_\_\_\_

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**AFFIDAVIT**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ .

I certify that the above is true and accurate information and I have attached required documentation.

\_\_\_\_\_  
Signature of Registered Interior Designer

Notary Public \_\_\_\_\_

\_\_\_\_\_  
Printed/Typed Name of Registered Interior Designer

**NOTARY SEAL**

Daytime Telephone Number \_\_\_\_\_

License Number \_\_\_\_\_

License Issue Date \_\_\_\_\_